

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	David Williams, Pro SE	COURT CASE NUMBER	05-CV-11104 MLW
DEFENDANT	DAVID NOLAN ET AL	TYPE OF PROCESS	Summons And Complaint
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
➔	Mrs. FRANCIS MCKINNON - [REDACTED]		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	50 MAPLE ST, Suite 3, MILFORD, MA 01757-3698		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	4
Mr. David Williams W. 4289 P.O. Box 100 So. Walpole, MA 02071-0100		Number of parties to be served in this case	6
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

PERSONAL CAPACITY
United States Postal Service

Signature of Attorney or other Originator requesting service on behalf of:

David Williams, pro SE

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

NONE

DATE

August 28, 05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 38	No. 38	Nancy Salavere	9/14/05

I hereby certify and return that I have personally served. ☐ I have legal evidence of service. ☒ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service
	Time
	am
	pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: Process returned unexecuted by US Postal Service 9/12/05 at
Please see attached

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

UNITED STATES DISTRICT COURT

EASTERN

District of

MASSACHUSETTS

DAVID WILLIAMS, PRO SE
Plaintiff,
V.

SUMMONS IN A CIVIL CASE

FRANCIS MACKINNON, in her
personal capacity,
Defendant.

CASE NUMBER:

05 11104 MLW

TO: (Name and address of Defendant)

Ms. Francis MacKinnon
50 Maple St, Suite 3
Milford, MA 01757-3698

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

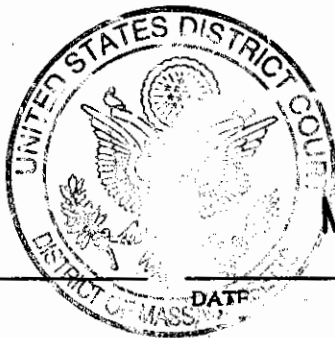
David Williams
w-42189
P.O. Box 100,
So. Walpole, MA 02071-0100

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

SARAH A. THORNTON

CLERK

(By) DEPUTY CLERK



MAY 26 2005

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: **FRANCIS MACKINNON**
50 MAPLE ST., SUITE 3
MILFORD, MA 01757-3698

2. Article Number
(Transfer from service) **7002 0510 0004 1359 3471**

3. Reason Checked
☒ Unclaimed
☒ Attempted-Not known
☒ Insufficient Address
☒ No such street
☒ No such office in state
☒ Do not remain in this country

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

NAME 2003
1st Notice 9/15/03
2nd Notice 1/15/04
Return

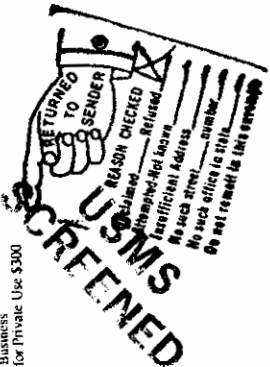
Refused

Correct in Waipole

FRANCIS MACKINNON
50 MAPLE ST. SUITE-3
MILFORD, MA 01757-3698

RETURNED TO SENDER

REASON CHECKED
☒ Unclaimed
☒ Attempted-Not known
☒ Insufficient Address
☒ No such street
☒ No such office in state
☒ Do not remain in this country



U.S. Department of Justice
United States Marshals Service
District of Massachusetts
U.S. Courthouse
1 Courthouse Way, Suite 500
Boston, MA 02210

Official Business
Penalty for Private Use \$300

7002 0510 0004 1359 3471



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: FRANCIS MACKINNON 50 MAPLE ST., SUITE 3 MILFORD, MA 01757-3698		B. Received by (Printed Name) FRANCIS MACKINNON	C. Date of Delivery <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Article Number (Transfer from service) 7002 0510 0004 1359 3471		3. Delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If different, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Reason for return: <input checked="" type="checkbox"/> Unclaimed <input type="checkbox"/> Refused <input type="checkbox"/> Insufficient Address <input type="checkbox"/> No such street <input type="checkbox"/> No such office in state <input type="checkbox"/> Do not remain in this envelope		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

PS Form 3811, February 2004 Domestic Return Receipt 102525-02-M-1540

NAME **FRANCIS MACKINNON**
1st Notice **7/18/05**
2nd Notice **7/18/05**
Return **Refused**

FRANCIS MACKINNON
50 MAPLE ST., SUITE-3
MILFORD, MA 01757-3698

Returned to SENDER
REASON CHECKED
☒ Unclaimed
☐ Refused
☐ Insufficient Address
☐ No such street
☐ No such office in state
☐ Do not remain in this envelope

Returned to SENDER
REASON CHECKED
☒ Unclaimed
☐ Refused
☐ Insufficient Address
☐ No such street
☐ No such office in state
☐ Do not remain in this envelope

7002 0510 0004 1359 3471

Unit 500

Use \$300

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <div><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</div>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
FRANCIS MACKINNON 50 MAPLE ST., SUITE 3 MILFORD, MA 01757-3698		If delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
REASON CHECKED Unclaimed <input type="checkbox"/> Refused <input type="checkbox"/> Attempted-Not known <input type="checkbox"/> Insufficient Address <input type="checkbox"/> No such street <input type="checkbox"/> No such office in state <input type="checkbox"/> Do not remain in this country <input type="checkbox"/>		3. Sender Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7002 0510 0004 1359 3471			

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
FRANCIS MACKINNON
50 MAPLE ST., SUITE-3
MILFORD, MA 01757-3698

Postmark Here

PS Form Instructions